

ICPC-101
August 1996

To be submitted by Social Worker with other required ICPC materials

Ethnic Group _____ DOB _____ Father's Name _____

PROPOSED CARETAKER

ADDRESS: _____

Telephone Home #: _____ Work #: _____ Social Security # _____

Relationship to child identified above: _____

Best time of day to contact caretaker: _____ Employer _____ (if applicable)

Alternate Contact Name & Address: _____

ASSESSMENT OF CHILD

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| | | | | |
|---------------------|------------------------------------|--|-----------------------------------|------------------------------------|
| Case Plan Attached: | yes no (circle one) | | Financial/ Medical Plan attached: | yes no (circle one) |
|---------------------|------------------------------------|--|-----------------------------------|------------------------------------|

Special
Needs:

Handicaps: Mental/Physical

Service Needs/Treatment Requirements: _____

School Information: _____

Other required pertinent information regarding child and family will follow:

| | | |
|--|---------------------|----|
| | yes | no |
| | (circle one) | |

Worker's Name _____ (please print) _____ (Tel. #) _____

Worker's Signature _____ (date) _____

Supervisor's Signature _____ (if required) _____ (date) _____ (Tel. #)

¹ If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.